

<b>CALIFORNIA WING – APPLICATION FOR CAP ACTIVITY</b>						
CAP ID NUMBER (6-DIGITS)	UNIT CHARTER  PCR-CA-	DATE JOINED CAP (MONTH/YEAR)	CAP GRADE	AGE	GENDER	<input type="checkbox"/> CADET MEMBER <input type="checkbox"/> SENIOR MEMBER
NAME (LAST, FIRST, MIDDLE INITIAL)				GROUP	SQUADRON	HOME TELEPHONE (WITH AREA CODE)
MAILING ADDRESS (NUMBER & STREET)					APARTMENT OR SPACE NUMBER	
CITY					STATE  CA	ZIP CODE
E-MAIL ADDRESS		HEIGHT (INCHES)	WEIGHT (POUNDS)	DATE OF BIRTH (MONTH/DAY/YEAR)		T-SHIRT SIZE (SOME ACTIVITIES MAY PROVIDE T-SHIRTS) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
SCHOLASTIC ACHIEVEMENT (SENIOR MEMBERS ONLY) <input type="checkbox"/> High School Graduate College        years completed Post-Graduate    years completed		PRESENT OCCUPATION (SENIOR MEMBERS ONLY)			CURRENT SCHOOL LEVEL (CADETS ONLY)	
ACTIVITY REQUESTED (ONE ACTIVITY PER APPLICATION, PLEASE)		LOCATION			<div style="border: 2px solid black; padding: 5px;">           FOR CAWG USE ONLY            CHECK#                      AMOUNT PAID         </div>	
I WOULD LIKE TO ATTEND THIS ACTIVITY AS A: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Student/Participant                <input type="checkbox"/> Cadet Staff Member as a : _____  <span style="margin-left: 100px;">POSITION REQUESTED</span> </div> <div> <input type="checkbox"/> Senior Staff Member as a _____  <span style="margin-left: 100px;">POSITION REQUESTED</span> </div> </div>						
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;"> <b>MEDICAL INFORMATION – TO BE COMPLETED BY ALL APPLICANTS</b> </div> <p><i>HAVE YOU HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING?</i> (If YES is answered on any item, please explain in the remarks section with dates and physician(s) consulted, if any.)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> NO   <input type="checkbox"/> YES   Are you currently taking prescription medication (List Below)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Any injury in the past two years (List Below)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Any known allergies (Include FOOD allergies)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Hay fever  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Frequent or severe headaches  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Stomach trouble  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Motion sickness  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Ear infections  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Dizziness or fainting spells  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Asthma  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Unconsciousness for any reason  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Eye trouble, excluding glasses  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Any drug or narcotic habit  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Chronic or recurring injuries             </div> <div style="width: 50%;"> <input type="checkbox"/> NO   <input type="checkbox"/> YES   Sugar or albumin in urine  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Heart trouble  <input type="checkbox"/> NO   <input type="checkbox"/> YES   High or low blood pressure  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Chronic diseases like Diabetes or Bronchitis  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Severe Menstrual cramps (Females only)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Admission to hospital  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Attempted suicide  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Rupture or groin injury  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Positive TB skin test  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Epilepsy or seizures  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Kidney stones or blood in urine  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Nervous trouble of any sort  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Other illness, injury or accident (List below)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   Medical treatment within past 5 years other than regular office visits or physicals             </div> </div> <p>Information not specifically noted above having the potential to interfere with performance during the activity should be documented in the remarks section. Some activities may require additional medical verification such as a physical exam prior to attendance. Consult current activity information or contact the activity project officer.</p>						
REMARKS – MEDICATION AND EXPLANATIONS (attach additional sheet if necessary). Full disclosure of medical information is vital in case of emergencies!)						
Family Physician's Name	Family Physician's Telephone Number	Medical Insurance Company		Medical Insurance Policy Number		
Emergency Contact During Activity – Parent, Guardian, or closest relative to be contacted in case of emergency		Daytime Phone – MUST be available during activity		Evening Phone – MUST be available during activity		

**CAWGF31(E) (24 APR 03) new**

## RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity or encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place of residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in such activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

\_\_\_\_\_  
Social Security Number – Only if requested

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## RELEASE BY PARENT OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/ encampments or continuances thereof, as well as all ground and flight operations incident thereto.

In addition, by my signature below, I certify the applicant:

1. Is my child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form and is able to participate without the physical/emotional support of others. Also, he/she is capable of taking any prescribed medications without supervision.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.
4. Should firearms training be offered as outlined in CAPR52-16, permission is here by given for the applicant to participate.

However, in case of injury, disease or other illness, permission is hereby granted to treat the participant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER OR LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS FOR FATHER'S SIGNATURE  
(Must be signed by adult other than parent/legal guardian)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER OR LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS FOR MOTHER'S SIGNATURE  
(Must be signed by adult other than parent/legal guardian)

## UNIT COMMANDER'S CERTIFICATION

*To my knowledge:*

1. I certify that **ALL** of the information on this form is complete and correct.
2. This applicant meets the activity prerequisites and is prepared to attend this activity.
3. This applicant has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at **parental or unit expense**.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT COMMANDER'S SIGNATURE